requires that the death certificate be executed within 24 ha

OR ATTENDING PHYSICIAN The law

etained by the haspital

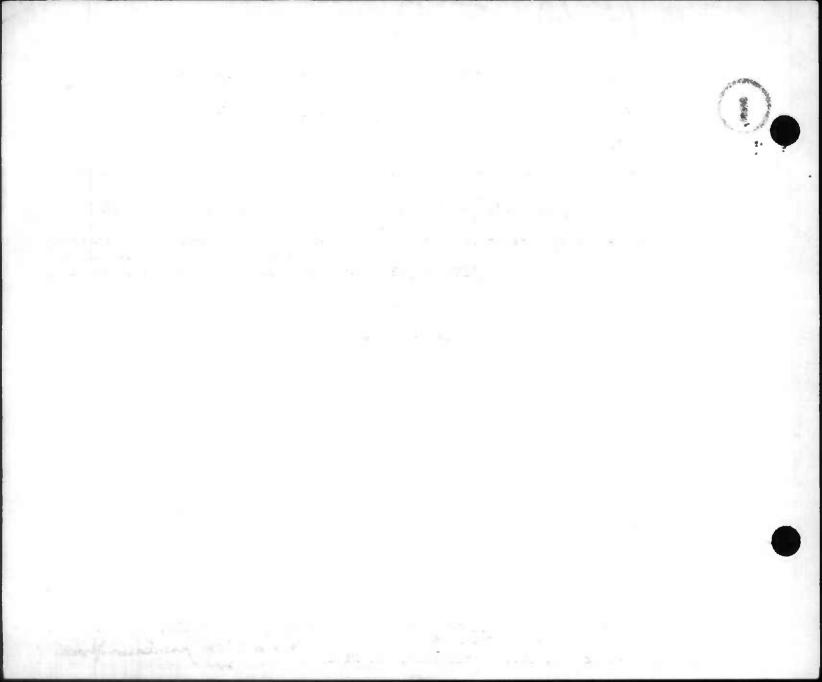
BP.

STATE OF MARYLAND

REG. NO.	8	d.i
	REG	NO.

- 1	REGISTRAR	CERTII	FICATE OF DEATH	REG. NO.	3 (1 2
ī	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
- 1	Clara	Elizabeth	Boone	November 20,	1984 10:00
ŀ	3. SEX	4 RACE 5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
- 1	Female	MONT		200	MONTHS DAYS HOURS
1	70. BIRTHPLACE (STATE OR FOREIGN	THE CONTRACT OF WHICH TOWN		9 BALTIMORE CITY OR COU	
/	COUNTRY)	MARRIE	D NEVERMARRIED		INTO PEATIT
/	Illinois	USA widowi	ED X DIVORCED	Kent	The while of augustifica
21	Chestertown	NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kent And Queen Anne:	Inc. s' Hospital	(TYPE OF WORK FOR MOST OF WORKING WIFE	126 KIND OF BUSINES: HOME
71	11a. STATE 138 COU		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	OD E
12		enAnne's Church Hill	YES NO 🔀	R.D. 1, Box	90, 21623
110	1. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
14	Charles Henry	Frederick Borman	Mary	Elizabeth	Buhrnsen
10	160 WAS DECEASED EVER IN U.S. AF		17 INFORMANT Daug	hter ADDRES R.	D. 1, Box 90
1	(YES, NO OR UNKNOWN) (IF YES, GI	212-40-8522	Barbara A. B	Soone, Church H	ill, Md. 21623
-	10 CALISE OF DEATH (Entry)	nly one cause per line far (a), (b), and (c)			APPROXIMATE INTERVI BETWEEN ONSET AND DE
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) USUSBUDYPS, DUE TO, OR AS A CONSEQUENCE OF	LAWAR ARCA	ineNT	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) CEREBROVAS			GIVEN IN PART I 10
7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) CEVEBONAS DUE TO, OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IF	GIVEN IN PART I IO FYES, WERE FINDINGS USED FIRTIFYING CAUSES OF DEATH YES NO NO
70	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216, TIME OF INJURY	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION 200 AUTOPSY? 206 II	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
79	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 8) P.M. 19	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CIFETIHER NOTIFY MEDICAL EXAMINE NOT WHILE NOT WHILE NOT WHILE	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AL WORK AL	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREET FACTORY OFFICE FARM ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 217 LOCATION STREET	200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO COUNTY STA
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK 27a Certify that Of this hosp sow the accessed all of bloove (1) well did did not obove (1) well well did not obove (1) well did not obove	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREET FACTORY OFFICE FARM ETC.)	21¢ HOW INJURY OCCUR 21f LOCATION STREET 19 10 100 100 100 100 100 100 100 100	200 AUTOPSY? 200. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO COUNTY STA
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AL WORK AL	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREET FACTORY OFFICE FARM ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO (18 PART 1 OR PART 2) COUNTY STA 19 (we hour and from the couses state 22c. DATE SIGNED
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK 27a Certify that Of this hosp sow the accessed all of bloove (1) well did did not obove (1) well well did not obove (1) well did not obove	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREEL FACTORY OFFICE FARM ETC.) (ital) attended the deceased from (ital) attended the deceased from	216 HOW INJURY OCCUR 216 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO (18 PART 1 OR PART 2) COUNTY STA 19 (we hour and from the couses state 22c. DATE SIGNED
79	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE AWARD AT WORK 27a Certify that Of this hosp saw the decessed all of above. (1) we) (did i did not 27b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREEL FACTORY OFFICE FARM ETC.) (ital) attended the deceased from (ital) attended the deceased from	216 HOW INJURY OCCUR 216 LOCATION STREET M / 5 19 no that in my lour) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO (18 PART 1 OR PART 2) COUNTY STA 19 (we hour and from the couses state 22c. DATE SIGNED
79	Conditions, if any, which gave rise to immediate cause toi, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AL WORK AL	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR RIP P.M. 19 21e. PLACE OF INJURY LATHOME STREEL FACTORY, OFFICE FARM ETC.) 11tol) attended the deceased from 19 21 view the body after death.	216 HOW INJURY OCCUR 216 LOCATION STREET M / 5 19 no that in my lour) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO (18 PART 1 OR PART 2) COUNTY STA 19 (we hour and from the couses state 22c. DATE SIGNED
29	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR RIP P.M. 19 21e. PLACE OF INJURY LATHOME STREEL FACTORY, OFFICE FARM ETC.) 11tol) attended the deceased from 19 21 view the body after death.	216 HOW INJURY OCCUR 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS CEMETERY OR CREMATORY	200 AUTOPSY? 206. IF YES NO PRED (ENTER NATURE OF INJURY IN ITEM death occurred on the date and DIRECTOR PHYSICIAN CITY OR TOWN	COUNTY STA

DHMH - 16 50M 4/83 (VRA 15, 4)



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

ar attending physician

retained by the hospital

moy be

within 24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

era.	
34	6.3
0	REG. NO.
	KEG. NO.

FOR STATE REGIST	RAR			OF HEALTH AND MENTAL H	YGIENE	8 EG NO		3 0	8 2
I. DECE ASED	NAME FIRST	MIDDLE		LAST			MONTH DA	AY YEAR	26. HOUR
(TIPE OR PRINT)	RUTH D	. COVEY				. 18,			10:00
3. SEX		I. RACE		TE OF BIRTH		IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 H
femal		white	JdTA	10, 1918		56	YRS.		
Dela		USA	MA	RRIED NEVER MARRIED DIVORCED		MORECITY O Kent C	o.		
Bette:		At Home	AL, NURSING HO	ME OR OTHER INSTITUTION	Off:	ALOCCUPATI VORK FOR MOST O LCE WO	ON F WORKING LIFE TKET	12b. KIND C INDUSTRY & Hon	nemake
USUAL RESID 130. STATE Md.	ENCE (IF NURSING HOME OR 13b COUN Kent	OTHER INSTITUTION GIVE RESILETY 13c. CIT	DENCE BEFORE ADMISS YOR TOWN Certon	13d. INSIDE CITY LIMITS?	13e STRE	O. Box	ZIP CODE K 22	216 5	10
14 FATHER'S	NAME Fletcher I	aniels	LAST	15. MOTHER'S MAIDEN I		th St	atts	LA!	ST
16a. WAS DEC	EASED EVER IN U.S. ARA	MED FORCES? 16b. SO	CIAL SECURITY N		21.5	ADDRE			L610
no or	UNKNOWN) (# 123, ONE	222	22 660	5 Isaac Cov	vey I	Better	ton,		(IMATE INTERVAL ONSET AND DEAT
under PART 2	(a), stating the ying couse lost. OTHER SIGNIFICANT C	ONDITIONS CONTRIB		BUT NOT RELATED TO THE TE	rminal Dist	ase or con	DITION GIVE	N IN PART 10	o.
19g. DA	E OF OPERATION	196 CONDITION F	OR WHICH OPER.	ATION WAS PERFORMED	20a A	UTOPSY?			NGS USED S OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEA	P.M.	ONTH DAY Y	19					
WHILE AT WORK	NOT WHILE AT WORK	21e, PLACE OF INJU (AT HOME, STREET, FACT		211 LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
22a. L c	ertify that (I) (this haspit w the deceased alive an ove, (I) (we) (did) (did no	ol) ottended the deced	osed from 84	, 19 , and that in (my) (aur) apini	on death occ		8/-84., 1 ate and hour	and from the	
22b. SK	RLW	Has			MEDIC XXDIRECT	AL STA	FF CIAN []	11/	19/84
	YSICIAN' NAME (TYPE O			22e ADDRESS					
	Robert W.			Chestert		Kent	Co.	Md.	
230. BURIAL,	CREMATION, REMOVAL La1	11/23/84		of CEMETERY OR CREMATOR 1 Pond, Md.		OCATION CITY OR TOWN	nd. M	county	

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

11/23/84

Md

1. Still Pond Md.
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1.2 Savidson-Random Chestertown,

1 1 1 1 1 The first and a second second second AL Marie The state of the s of the second of the second of the

12	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	30827
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
y be		Frederic		Cox	November 23,	M
	I SE	Male	White	5. DATE OF BIRTH DAY YEAR BO 1911	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
W KIN	7a. Bi	THPLACE MAIN DEFOREGO 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1 1 1	N	acth Caeolina	USA	WIDOWED DIVORCED [□ Kent County	MD.
by the fa	Ch	estertown T1	(IF NOT IN SUCH FACILITY, GIVE STREET ne Kent & Queen	AG HOME OR OTHER INSTITUTION ADDRESS) Anne's Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
24 hour	13a. S	L RESIDENCE IT HUITING HOME OR OTH THE HISTORY	THE INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) 13d INSIDE CITY LIMITS: YES X NO	? 13e STREET ADDRESS / ZIP C	ODE 21628
mpletel and 2 st	14. FA	THER'S NAME	DIE COX	15. MOTHER'S MAIDEN BEHLU	NAME MIDDLE	BLEYINS
n and co		VAS DECEASED EVER IN U.S. ARME ES, NO OR INKNOWN) (IF YES, GIVE W.	D FORCES? 16b SOCIAL SECU AR OR DATES) 37-18-	1537 Kuth P. Cox	By 183 Cri	umpten, Hd 21628
physicia physicia phoopers emavol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y. Janto	/ //	rocordis infa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer allending are carbo armatic e		Canditions, if any, which	DUE TO ORAS A CONSEQUE	ENCE OF phoenone in	- and acute	En failing 3ch
by the costs of costs		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, ORAS A CONSEDU	except in the land	tal Ca and Spe	all 21d
r sgned Then pla r to buris	NOI	PART 2 OTHER SIGNIFICANT COM	NOTITIONS CONTINUES	BEMOURE POR	was planning districted	dy Edding was
he los best permit	CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOW	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
CIAN 1 9 physic entificate and three mail three	10.1	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I ORPART 2)
otherdin the filti th and Mt	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM_ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIP 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0		220.1 certify that (1) (this hospital)	attended the deceased fram.		, ta	, 19, that (I) (we) last
E 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive on above, (1) (we) (did) (did not) v	rewithe body after death		ian death accurred an the date and	
At OR A the ho At DIRE detoched are Dept		22b. SIGNATURE	Phy	AD ATTENDING PHYSICIAN		11/25/84
HOSPIT orned by prold be in the St.		22d. PHYSICIAN'S NAME (TYPE OR PR	Bey	Hillington	n, Hd. 21651	/ / //
BP	23a. 8	URIAL, CREMATION, REMOVAL	23b. DATE 13c 5.	NAME OF CEMETERY OR CREMATOR	ent. Wilmington	COUNTY. STATES
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME ODA 1124 FILMO	Mome M	ullington MI	DATE REC'D. BY REGISTRARUSS. RE	GISTRAR'S SIGNATURE

STATE OF MARYLAND

11/ Line & Carolina Least 1 to the same same of the

requires that the death certificate be executed within 24 hours

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and tamperely should be detacked for use as the buriol-transit permit. Then please remove carbompopers. Pages, and 3 the with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	100	july .	10.0	13	
Alice S	3	0	5	E.	-

2	1.	STATE REGISTRAR		DEFARI		ATE OF DEATH	REG. N	o.	0	2 0
7		CEASED NAME	FIRST	MIDDLE	LAŠ	T	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	[ITPE	OR PRINT)	Bertie	e NMN	G:	ilbert	November	24, 1984		10:52 ^A
)	3. SE)	Female	2	B/ACK	5. DATE OF Febru	віктн лагу 22, ^{че} 1890	6 AGE (IN YEARS LAST BH	MONTHS YRS.		HOURS MIN.
85		RTHPLACE (STATE O	IR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED	□ NEVER MARRIED □	Rent Cou		ATH	
27	1.37	TY OR TOWN OF D		11. NAME OF HOSPITAL, NURSI	WIDOWED NG HOME OR T ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b	USTRY .	BUSINESS OF
9_/	-	Chesterto		Kent and Queer		s Hospital	LAV	104-1	JAI	((0))
99	13a. S	AL RESIDENCE (IF NO	13b. COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFOR	Ton 1	34 INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS	SIP CODE	211	078
40		KER	.6+	MIDDLE BROW	UNU	MA	Ry MIDDLE	1	C NAST	=S
medica		VAS DECEASED EVE VES, NO OR UNKNOWN)		MED FORCES? 16b SOCIAL SECTOR (F WAR OR DATES) 215-14	URITY NO. 1	7 INFORMANTS	A A NOR	56 N 60	RI	1
event, the		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly ane cause per line largal, (b), and D BY: TE CAUSE (a)	o Selen	the Condition	ocalor dise		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
ar ather traumatic		Conditions, if an gave rise to in cause (a1, stat underlying cau	nmediate ting the	DUE TO, OR AS A CONSEOU	Mionie	Congration &	Heart Faile.		29	eur
injury, s	NO	Condia	SNIFICANT O	ONDITIONS CONTRIBUTING TO	C Fair	OT RELATED TO THE TERM	Poncre do to	Brondu	PART Ita	
ws ony	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING O	FINDING CAUSES (GS USED OF DEATH?
em 18 sho	1	210 ACCIDENT WAS U	CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR			PART 2)	
rked or It	MEDICAL	21d INJURY OCCU	RRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE		THE LOCATION STREET	CITY OR TO	DWN CO	UNTY	STATE
21 is ma		saw the deced	sed alive an	tal) attended the deceased fram. New 23 19		that in (my) (aur) opinian				hat (I) (we) last auses stated
T. If Item		226 SIGNATURE	xK.	Ros, m.D.	DE	GREE ATTENDING PHYSICIAN	MEDICAL STA		L DATES	IGNED / FM
MPORTANT: IF		22d PHYSICIAN'S				22e. ADDRESS		, ,	. 1	2//-
IMP(72 7			035, m.D.		516 Weshingto		es thron,	175	21620
	23a. B	SPECIFIC CREMATION	A REMOVAL	1 20 100	NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	K. Poun	14	MSTOTE -

DHMH - 16 50M 4/83 (VRA 15, 4)

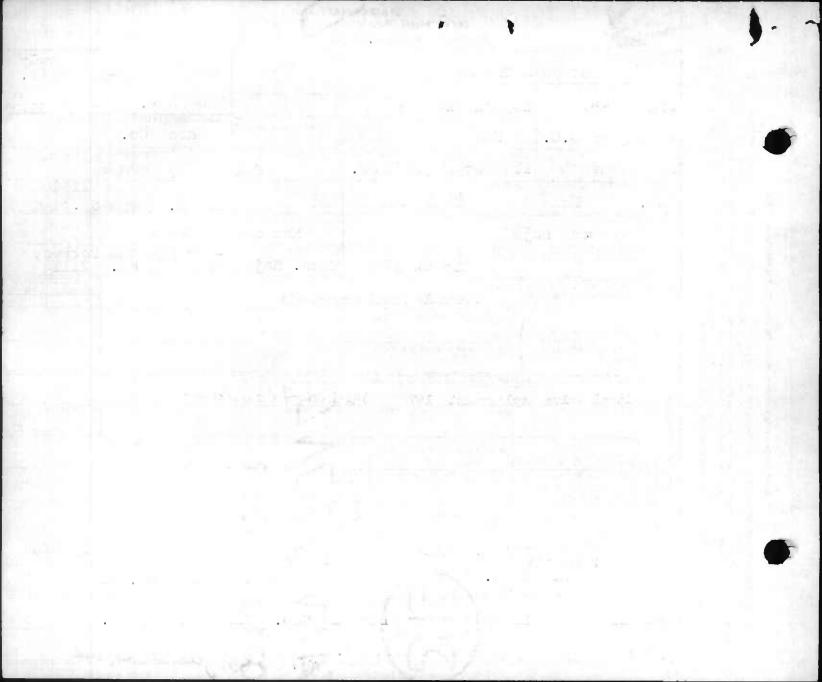
BP.

24 FUNERAL DIRECTOR n ESTERTOWN HO

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OFC. 4 10RA Guha Javidson-Andelle.





poge 3

may be

+	1 -	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 B	3 0
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR	2b HOUR
	(117)	Percy	James	Lively	November 13, 198	34	8:51 M
	3. SE	MALE	Black	5 DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE A STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Kent County	OF DEATH	MD.
2/	10 CI	Chestertown	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) Queen Annes' Hospit	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OR
刻	13a. S	STATE COUNTY			136 STREET ADDRESS / ZIP CODE	31	4623
exolution (WILLAM	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MA MIDDLE GI	FF: LAS	7
2 medica			MED FORCES? 166 SOCIAL SECULAR	MRS. SAR	OHLIVELY CI	NURC	HHilly
event, th		PART I. DEATH WAS CAUSE	nly one cause per line for (a) (b), on D BY. TE CAUSE (a) Caudia	genic Shock		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
traumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	my artery Vis	ear		
ar other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	sclerone (a	disvarada Orga	4 4	ecy
njury,	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110	1
hus 2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDING CAUSES	
18 J		21g. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEA		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)	
arked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		saw the deceased alive an	to be the deceased from 198	ond that in (my) ioni opinion	death occurred on the date and hour	0.6	that (I) (we) last causes stated
NT. If Hem		22b. SIGNATURE Charles	P. Cedami	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DERECTOR PHYSICIAN	22c. DATE	B/84
MPORTAL		224 PHYSICIAN'S NAME (TYPES	Adama M	.D. Pro ADDRESS hest	ertoun, Md.	•	

23d. LOCATION CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 258. REDISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

CREMATION, REMOVAL

23a BURIA

24. FUNERAL DIRECTOR

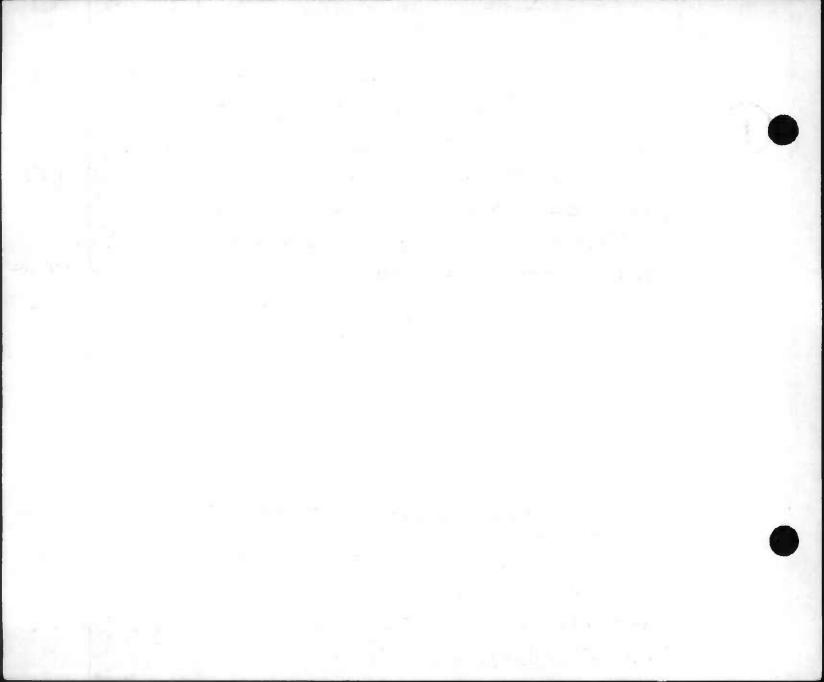
11-20-18X

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be litter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



STATE	OF	MARYLAND

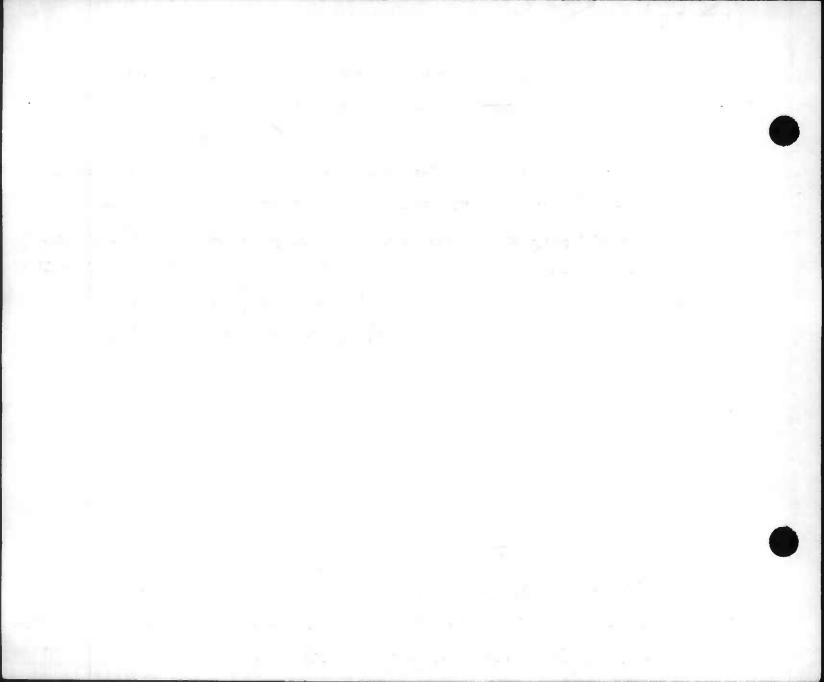
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕼

3 1 33 1

0>1	- STATE REGISTRAR			CERTIFICATE OI	DEATH	REG. N	o.	
	1. DECEASED NAME (TYPE OR PRINT)	FIRST Mildre	ed Doris	Lomax		November	MONTH DAY YEA	2b. HOUR 2:10 P
- 1							-	
	1 SEX Fema	le 4 RA	MEDIACK	S. DATE OF BIRTH December	21, 1930	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
e 2/	To BIRTHPLACE (STAT	E OR FOREIGN 7h C	ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVE	D. MADDIED X	9. BALTIMORE CITY C	R COUNTY OF DEAT	н
5//	Maryland		USA	WIDOWED	DIVORCED	Kent C	County	٨
o po	10. CITY OR TOWN OF		NAME OF HOSPITAL, NURSI	NG HOME OR OTHER IN	ISTITUTION	12a USUAL OCCUPAT	ION 12b. KIN	D OF BUSINESS C
Town I	Chesterto		F NOT IN SUCH FACILITY, GIVE STREET Kent and Que		Hospital	Laborer Laborer	camp	bell Sour
must b	Maryland	13b COUNTY Kent	13c CITY OR TOV Chester	town 13d. INSIDE	NO TO R	13e STREET ADDRESS e 2, Box 5	28 7 21620	
ar I	14. FATHER'S NAME	MIDDU	1 LAST	15. MOTHE	R'S MAIDEN NA	MEMIDDLE		IAST /
811	SE	ORO	E LOM	AXI	EM	mA		CKES
ico	160 WAS DECEASED E		FORCES? 16h SOCIAL SEC			ADDR		
med	(YES, NO OR UNKNOW!	(IF YES, GIVE WAR	218-24-	-5907 Hosp:	ital Rec	ords Cheste	rtown, Mar	yland 210
rent, the	18 CAUSE OF D PART 1. DEAT	H WAS CAUSED BY	e couse per lige for (a), (b) and		Is cell	2 Drewe	Deca BETW	PROXIMATE INTERVAL VEEN ONSET AND DEAT
ic ev		IMMEDIATE CA	.002 (0)	4 1	1 0	1	0	
C B G	Conditions, if		DUE TO, OR AS A CONSEOL	JENCE OF /	Mula	Then a	white	
tra.	gove rise to	immediate	(b)		/	0		
the	couse (o), o	ouse lost	due to, or as a conseol	JENCE OF				
0,	DART 2 OTHER	SIGNIFICANT CONI	OITIONS CONTRIBUTING TO	DEATH BUT NOT PELAT	ED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN PAR	Tilo
jory		310111111111111111111111111111111111111	oniono <u>cominiborino ro</u>	DEATH BOT TO TREE A	ED TO THE TERM	THE DIOLAGE ON CO.		
No Co	190 DATE OF OF	ERATION	196 CONDITION FOR WHICH	H OPERATION WAS PER	FORMED	20a AUTOPSY?	20h IF YES, WERE FII IN CERTIFYING CAU	
Nows	ZIE Z					YES NO	YES 🗌	NO 🗌
m 18 s	OD CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.		INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PAR	T 2)
i te	(IF EITHER NOTIFY 21d INJURY OC	MEDICAL EXAMINER)	21e PLACE OF INJURY	21f LOCA				
ped		OI WHILE	(AT HOME STREET, FACTORY OFFICE,	FARM, ETC) STR	REET	CITY OR TO	OWN COUNT	Y STATE
mar			ottended the deceased from,		19	to	19	that (I) (we) la
- 15						death accurred on the d		
m 2	obove, (1) (s 22b. SIGNATUR		w the body ofter death.	DEGREE				ATE SIGNED
TT: If the	V	me	do	his	ATTENDING HYSICIAN [MEDICAL STA	FF	
IMPORTANT	200 PHYSICIAN	RICK A	molor	1 4 171 ANO	he	STERTOU	in md.	
₹	23a. BURIAL, CREMAT	ON, REMOVAL 23	b. DATE 234	NAME OF CEMETERY O	CREMATORY	23d LOCATION	Le ROUNTY	(ON M
-	24. FUNERAL DIRECTO	OR OO			25a DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
/83	1 Dishe	relitie	Che	STERIOW,	NG 1887	V 1 4 1984	Contact Davidse	m-liphotels2

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in thy the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be

WW 5	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. N
	1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH

REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR D
Bren	na May	Maitland	November 14	84 1:00 M
3. SEX	4. RACE 5. DATE C			UNDER I YEAR IF UNDER 24 HRS
female	white Jangund		87 YRS.	INTHS DAYS HOURS MIN,
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	FDEATH
Somerset Co. M	d. USA WIDOWE	DIVORCED [Kent	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent and Queen Anne	s Hospitar		21600
Md. Ker	nty Chestertown	136L INSIDE CITY LIMITS? YES NXX	I3e STREET ADDRESS / ZIP CODE RFD Tolchester	21620 Ests
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	A IDDI &	LAST
Charles S	Sommers	Rebec	cca Tull	
160 WAS DECEASED EVER IN U.S. AT	VE WAR OR DATES!	17 INFORMANT	ADDRESS RFD	Tolchester
no	194 20 8200	James Mait	tland Chestert	own, Md.
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUST	nly ane cause per lige for (0), (b), and (c)	c/ 1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) Cardro Russ	Shock		
	DUE TO, OR AS A CONSEQUENCE OF	0 0 1	40	
Conditions, if any, which	(b) Mys carde	al Fufas	eten .	
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	U		
onderlying coose lost.	(c)			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART TIO
e Wely drafes	LA PULLUPLAN C	NWAS PERFORMED	2000 AUTOPS A 200 IF YES.	WERE FINDINGS USED
Duly drafts THE OF OPERATION	D'Advanced K	humatora	COLUMN ANCERTIFYI	NG CAUSES OF DEATH?
DENT WASJUNDERLY	21b. TIME OF NURS 11-101	121c HOW INJURY OCCUR	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	NO NO
on contraction of course of or		THE HOW INJOH I OCCUR	(ENTER NATURE OF INJURY IN TEM TO PAR	TION PART CY
OR CONTRIBUTING CAUSE OF DE	P.M. 19	211 LOCATION		
	(AT HOME STREET FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY
AT WORK AT WORK	10 3	2-84 84	11/14	84 hadis
	oital) attended the deceased from	nd that in (my) (aur) opinion o	death occurred an the date and have a	that (I) (we) last
obove (I) we (did (did no	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
16-16.	Ulum	ATTENDING PHYSICIAN	MEDICAL STAFF	11/15/84
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	g outerone / / / orenine	
KIN KU	E WUN	Chesterto		
23a. BURIAL, CREMATION, REMOVAL	77 / 7 / 7	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial	11/16/84 Hephzi	bah Cemeter		, Pa
24 FUNERAL DIRECTOR	Chesterto	LAIM	rec'd. by registrar 25b. registr. 1 9 1984 Julia Dav	AR'S SIGNATURE
	JAN Y			

3

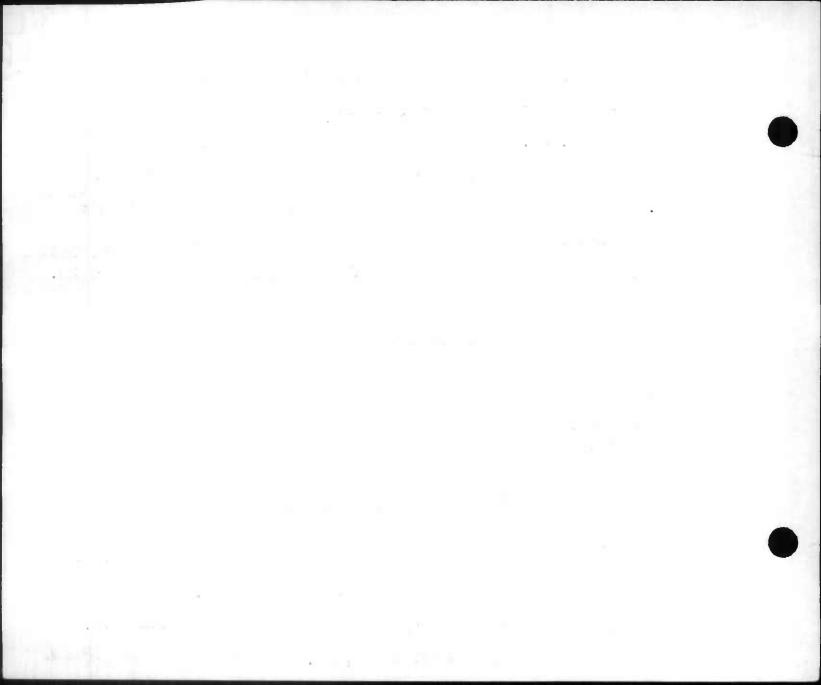
8

3 0

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etoined by the hospital ar attending physician.



requires that the death certificate be executed within 24 hours ofter death. Pa

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

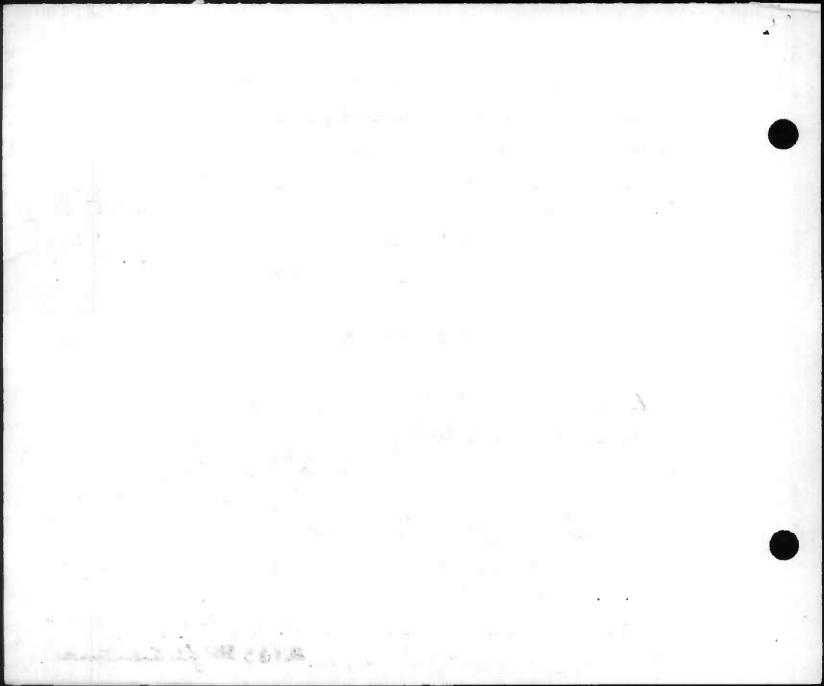
BP.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page, I and 2 should be filed within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

				STATI	OF MARYLAND				Day 6	
1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL H	YGIENE &	4 3	0 8	3	3
1. DEC		FIRST	MIDDLE		AST	20 DATE O	REG. NO.	DAY YEAR	2b HOU	R
TYPE	OR PRINT)	N	DADAT	Madda				100/	100	. A
3. SEX		gnes N	MN	McGin 5. DATE C			ember 10,	1984		05 N
F.	emale	white		Jul		93		MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOR		WHAT COUNTRY?	8		9 BALTIMO	ORE CITY OR COUN			
(ngland	USA		MARRIE	NEVER MARRIED	Ker	_			
_	TY OR TOWN OF DEATH	1 11. NAME OF		IG HOME C	R OTHER INSTITUTION	120 USUAL	OCCUPATION	12b. KIND	OF BUSINE	SS OR
CL			CH FACILITY, GIVE STREET	-	annital Too	(TWAE OF WOR	Retired	GLIFE) INDUSTRY Nurs	2	
JSU	estertown AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	ospital Inc			2.	1620	
ď	STATE 11	Kent Cl	les terto	wn	134 INSIDE CITY LIMITS	White	ADDRESS / ZIP CO	Farm Pi	D Bx	37
FA	THER'S NAME				15. MOTHER'S MAIDEN					
	FIRST	MIDOLE	Don't K	now	FIRST		WIDOLE	Dont "	Knov	N
	VAS DECEASED EVER IN		16b SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS P	.O. Bx	372	
()	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES]	265 62 8	3122	Kathryn 1	Pinder	Cheste	rtown,	Md.	
ī	18 CAUSE OF DEATH	Enter only one couse per							XIMATE INTER	VAL
	PART I. DEATH WAS	S CAUSEĎ BY: MEDIATE CAUSE (0)	SOMSI						NER	to
	DUE TO, OR AS A CONSEQUENCE OF									1
	Conditions, if ony, w	hich ((b)_	Preul	mod	1A - L	177		11	V12	<
	gove rise to immed couse (o), stating		R AS A CONSEQUE	NCE OF						
	underlying cause	lost (c)								
PRESOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN IN PART 1	10	
5		Dros Heses		win		Operal		1-2-8	4	
5	170 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	V WAS PERFORMED	20a AUTO		YES, WERE FIND RTIFYING CAUSE		
CERTIFICATION	11-5-1			CID		YES 🗌	иоХ	YES 🗌	NO [4
	21a. ACCIDENT WAS UNDER			YEAR	This was ki	OWN to	me. Certi	ficate	is ok	wi
S	(IF EITHER NOTIFY MEDICAL	EXAMINER) P	м.	19	me. Report	has bee	n made to	Chief I	Medica	al
MEDICAL	21d INJURY OCCURRED	(AT HOME ST	OF INJURY REET FACTORY OFFICE, F	ARM ETC }	Examiner.	bert W.	Farr, De	COUNTY	51 Fil	TATE
	AT WORK AT WORK			-			rarr, De	to it		
	, ,	olive on		2/1-	, 19_2		1-10	,	, thot (I) (ar	
saw the deceased olive on 19 ond that in 19 opinion death occurred on the date above, (1) (above) (did not) view the body after death. 226 JGNATURE DEGREE										ted
	228. BIGINATURE	66	. =		ATTENDING	/ MEDICAL	STAFF		E SIGNED	
	224 PHYSICIAN'S NAM	S LIVES OR BRILLING	nan	- 1	PHYSICIAN 122e ADDRESS	DIRECTOR	PHYSICIAN	XT	/12/8	34
	W. D. Be	,	(1.1			
2			1	14116	Chester					
- 1	BURIAL, CREMATION, RE				METERY OR CREMATOR	Y 23d LOCA	Clearwa	terunF1	ordia	I NTE
	Burial Neral director	11/16	0/84 Sy	tvan	Abby Mem.	Ipilit	1950			
7.19	Jayme 1	7.11.00	ADORESS	osati -	1 1	1351	REGISTRA 25b. REG	ISTRAK S SIGNA	TUKE	
	1 0000	is WILL	unest	erro	wn, Md.	-,-	0			

DHMH - 16 50M 4/B3 (VRA 15, 4)



FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SEX Male FIRST

Kennard

Chestertown

USUAL RESIDENCE (IF NURSING HOME OR O

70. BIRTHPLACE ISTATE OF FOREIGN Maryland 10. CITY OR TOWN OF DEATH

	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 A REG. NO.	3 0	8 3 4
MIDDLE	ı	AST	20 DATE OF DEATH MON	TH DAY YE	AR 2b HOUR
Edward RACE	Mo Is date o	ore	November 20.		8:07 M
white	Sept	DAY TO NEAR	62		DAYS HOURS MIN.
USA	OUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY <u>or</u> Co Kent	OUNTY OF DEAT	MD.
	L, NURSING HOME C GIVE STREET ADDRESS) Queen Anne	s' Hospital	(TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WO	PRKING LIFE) INDUS	
	PENCE BEFORE ADMISSION) Y OR TOWN S tertown	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII Tuckers Tr		21620 Park
Moore	LAST	15. MOTHER'S MAIDEN NAM Mary Fran			LAST
OF FORCES? 166 SOC VAR OR DATES) 219	07 6557	Sarah Cann	on Church	n Hill !	Md.
one cause per line for (BY: CAUSE (a)	utucul	er Librell	Patien	BETV 3	PROXIMATE INTERVAL WEEN ONSET AND DEATH
DUE TO, OR AS A G	ONSIQUENCE OF	Burte Carl	io Varcular () Tear	Yeaks
DUE TO, OR AS A C	CONSEQUENCE OF				
NOTIONS CONTRIBU	TING TO DEATH BUT	NOT REPATED TO THE TERM	INAL DISEASE OF COLONIA	ON GIVEN IN PA	Fenfrus
19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED			INDINGS USED USES OF DEATH? NO
21b. TIME OF INJUR' HOUR A.M. MC		21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PAR	RT 2)
21e. PLACE OF INJU	RY	211 LOCATION STREET	CITY OR TOWN	COUN	TY STATE
) attended the decay	and trans Move	m/cs 4 10 84	Mirreunha	12010 BL	that (I) (we) lost

13c STATE 136 COUNT 0 Md. Kent 슖 14. FATHER'S NAME AA II pun 011y 160 WAS DECEASED EVER IN U.S. ARM $\overset{\text{(IF YES, GIVE V}}{\mathsf{WW}}^2$ (YES, NO OR UNKNOWN) WW Yes 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which or other tran gove rise to immediate cause (a), stating the underlying cause last Q. PART 2 OTHER SIGNIFICANT CO CERTIFICATION Mental Hygiene prior to ony nsit permit. 190 DATE OF OPERATION morked or Item 18 shows 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED should be detached for use as the with the State Dept. of Health and NOT WHILE 220.1 certify that (I) (this hospital FUNERAL DIRECTOR. sow the deceased alive on Mineral 19 84 obove, (1) (we) (did) (did out) view the body ofter death. MPORTANT: If Hem 21 is ond that in (my) (and opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE STAFF ATTENDING PHYSICIAN 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Sudlersville, Ce, Buria1 11/24/84 BP

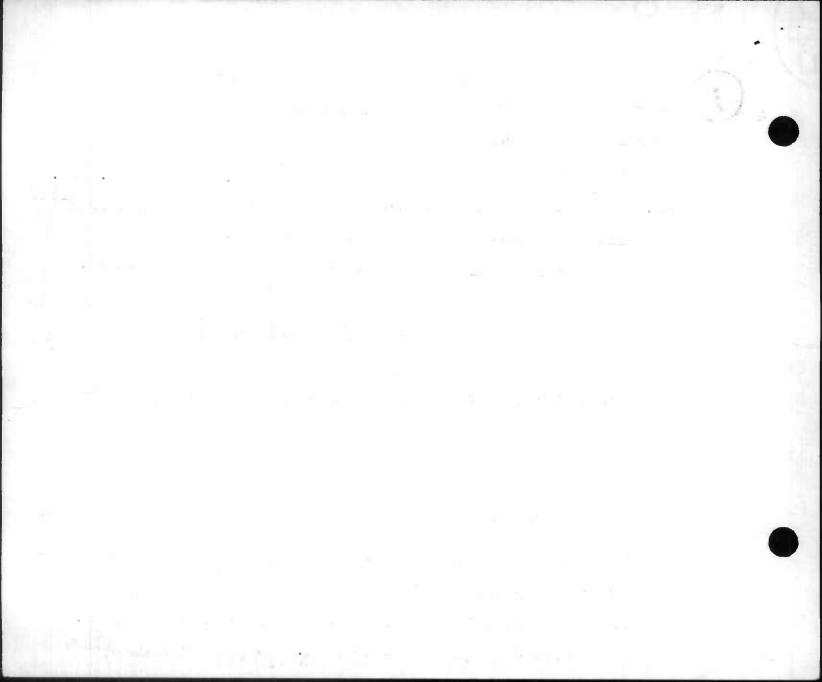
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Chestertown, Md

Sudl'ersville, Md.

REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED



STATE OF MARYLAND

		4 10 to 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10		
The rest of the				10th 4 -
Service and A.E.):	Things Three		9/4
in dire			LEB Buck	2021
1 - 48 15 7				
		The Tuesday of the Table of the		
	salar Searce			
			16/2019	
			. Lagar	
		agent special or		15.718
				State Control

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	308	3 6
		CEASED NAME FI	A A	LLEN	PRICE	AST	NOVEMBER 2	0, 1984	10 pm
Ì	3. SE)	X	4_ RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
		Male	C	aucasian	Nov	24 1910	73	YRS.	NOURS MIN.
	7a. Bli	RTHPLACE (STATE OR FOREI	IGN 76 CITIZ	EN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR CO Kent	UNTY OF DEATH	MD
		restertown		ME OF HOSPITAL, NURS DI INSUCH FACIL COURS			Type of World Most of Work	12b. KIND CINDUSTRY	of Business or
	USUA 130 S	AL RESIDENCE (IF NURSING ISTATE 13b	HOME OF OTHER INST COUNTY Kent	TITUTION, GIVE RESIDENCE BEFO 13. CITY OR TO Cheter	TOWN	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS Rideview	Apts	1620
	14. FA	Custis	WIDDLE	Price		Jenny	WIDDIE	Boyle	.sī
	()	VAS DECEASED EVER IN (YES, NO OR UNKNOWN) (II	J.S. ARMED FOR			Wife LI	LLIAN PRICE	same	
		Canditions, if ony, wh gove rise to immedicouse (a), stating underlying cause I	DUE	E TO, OR AS A CONSEQ (b) TO, OR AS A CONSEQ (c) ONS CONTRIBUTING TO	UENCE OF		INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	(a)
	CERTIFICATION	190. DATE OF OPERATION	N 19b.	CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI CERTIFYING CAUSES YES	
)		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CATE	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	FARM ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (I) (the saw the deceased a above, (I) (Lee) (Arthough T2b. SIGNATURE	alive on 20 (did not) view th	NOV 19	84 , or	DEGREE	, to 20 NOV death accurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE	that (I) (**) last a couses stated E SIGNED 21.84
		Wallace O				Cecilt			
	23a B	BURIAL, CREMATION, REA (SPECIFY) BURIAL	AOVAL 235 D			NES CEM	MIDDLETOW	N. N.C.	DET.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical examin

With the State Dept. or news and IMPORTANT: If them 21 is marked or them 18 shows ony

MAIN ST. AD GECILTON, MD .н. E.

MIDDLETOWN, N.C. DEL

AURI OF THE STATE 0..... caucasian Nov 24 1910 250 DESTATE Adriculture larming. Chestertown Lont County Hospice Haryland Kent Chetertown x Rideriew ..ota erice Custis · Enfroll UPILITY 213-36-8375 Mile 0. Muliple myeloma 23 Vears

30

11.21.84

20 Nov 64

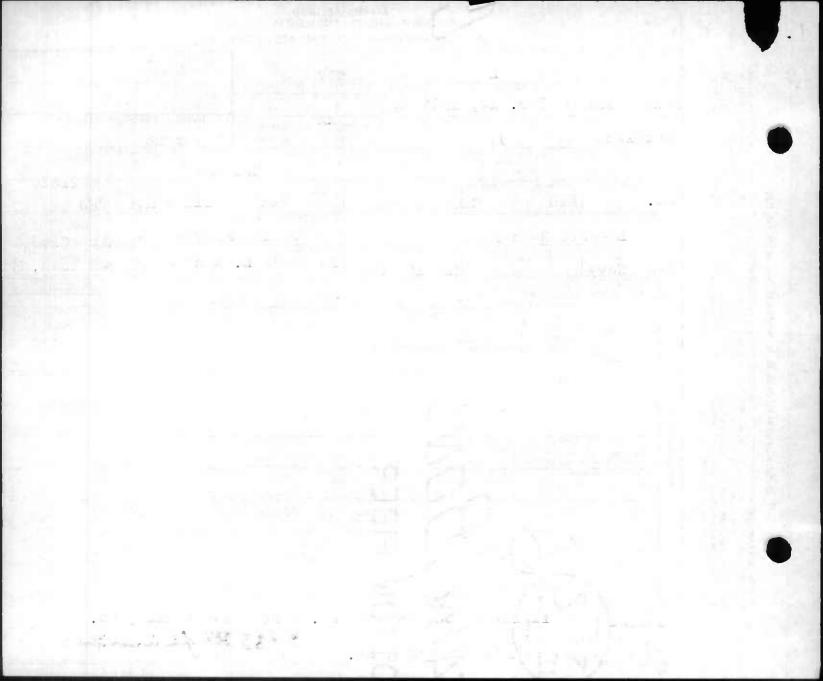
Softer grown was not a first to

35

.br. notlins

Wallace Obenehain, M.D

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

2 1	- STA			ME	DICAL	EXAMINI			CATE C		100	REG. NO	3 6) 8	· 2	.0
	DECEA TYPE OR		irgini	a Hel	widdre		Vic	ekers			20. DATE KN OF E DEATH M	NOWN D	MONTH 11-	DAY -24 19	YEAR 84	26. HOUE
3. s	ema	ale wh	ite	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS		IF UNDER		2c. DATE PRONOUNCE DEAD	ED	MONTH	-24 1°	year 9 84	2d. ноц 8:00
W	FOREIG	PLACE (STATE ON COUNTRY)	R	76. CITIZEN OF WE	AT COUN		MARRIE	=	VER MARR DIVORC	IED 📋	9. BALTIMOS Kent		COUNT	Y OF DE	ATH	ME
d	hes	or town of d stertown	1	11. NAME OF HOS (IF NOT IN SUCH FA 229 Kent	Circl	TREET ADDRESS)		R INSTITU	TION	FORM	AL OCCUPATION OF WORKING	G LIFE)		12b. KIND OR IN	OF BUS NDUSTR	INESS Y
130	STAT		Rent Kent	R OTHER INSTITUTION, GI	13, CITY Ches	OR TOWN	n l	3d. INSIDE C	ITY LIMITS?	13e STRE 229	EI ADDRESS Kent C	ircle	21	60	20	
		er's NAME FIRST and Port	er	MIDDLE		LAST		P	ER'S MAIDE		h Call			LAS	л	
a 16a.	WAS (YES, N	DECEASED EVE O. OR UNKNOWN)	R IN U.S. ARA	AED FORCES? WAR OR DATES)	1	03 657					e 1 Bo		, Ch	este	rtow	m,MD
ATION		Conditions, if gave rise to couse (o) stati lying couse los	immediate ng the <u>under</u> it.	(b)	AS A CON	ISEQUENCE O	F	DR CONOITIO	N GIVEN IN PA	RT 1 (a).						
CERTIFICATION	19	I. DATE OF OPE	RATION	196. CONDIT	ION FOR V	WHICH OPERA	TION WA	S PERFOR	MED?						TOPSY?	NO 🛣
		EXTERNAL CA		216. TIME OF HOUR A.M DEATH P.M	. MONTH	DAY YEAR	21c. HOV	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PAR		, 0	NO LA
MEDICAL		. INJURY OCCU HILE NO WORK AT	RRED T WHILE C	21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, ET		211. LOCA STR				CITY OR TOWN		COU	NTY		STATE
Ź	AC 5K	TUAL SNATURE	Hatur	e of the remains des	Accident	, Suic	Autapsy ide	Hamic	Inspection cide PECIFY) puty Chest	Undete	Inquiry rmined mann	er ,		inion	26-8	4
	BURIA ESPECI Bur	LCREMATION	REMOVAL 2		23c. N	Paul	ETERY OR	CREMATO	ORY	23d. LO	CATION Ches		COUN		STAT	TE
24	A	ALDIRECTOR	io W	ADDRESS ADDRESS		ertown	1/20		250. DATE 1	REC'D. BY	REGISTRA	256 REGIST	TRAR'S S	CNATUR	e m	10

SCHOOL TO SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE

THE THE THEORY IS A STATE OF THE PARTY OF THE

come una un como

Same of

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

CTATE	OF	66.4	DVI	ARID
STATE	ur	AT 6	меті	AND

MENT OF HEALTH AND MENTAL HYCIENE

54	2.3		-2	123	63	- nga
-		10	0	U	O	3
0.5.07	REG. N	VO.	DAN	VF + D	Lau	110115

Z	1 - STATE WILSON	DEPA		ALTH AND MENTA		REG. NO	3	Û	3 3 9
	I. DECEASED NAME FIRST (TYPE OR PRINT) Clarence	Theodore		llson Jr		November 2:	2, 1984	YEAR	12:50 A
),	Male	White	Dec . S. DATE OF		R	AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS HOURS MIN.
2/6	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Delaware	76. CITIZEN OF WHAT COUNTS USA	WIDOWE				ent		MD.
00 mg/c	Chestertown	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Kent And Que	en Annes			Ret. Sta	working ufer I	ndustry nway	
must be	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 1136 COU Md. Kent	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY Chester	town	13d. Inside city limi yes x[3k no [_	Mt. Vern	zip code on Ave	2	.1620
Hommune Chamber	Clarence T.	Wilson, Sr.		15. MOTHER'S MAIDE Rut		Calhoon		LAS	
nedicol	160 WAS DECEASED EVER IN U.S. AI (YES. NO OR UNKNOWN) (#F YES. G	RMED FORCES? 16b. SOCIAL ST VE WAR OR DATES) 213 0	1	Thelma	L.		t. Ver Cheste		Ave.
injury, or other troumotic event, the medical	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	QUENCE OF						0
ows ony in	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES	
MPORTANT: If Item 21 is morked or Item 18 shows ony	21d. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
orkedo	AT WORK AT WORK	TAT HOME STREET FACTORY OFF		STREET	- 8/1.	CITY OR TO	-22 ₁₀	COUNTY	STATE
, 21 is m	sow the deceased alive a obove, (I) (we) (did) (did n	or 11-22 1 of the view the body after death.	9 <u>84</u> , on		pinion de	oth occurred on the do	. 17-		
VT: If Iten	226 SIGNATURE	w Pan			ING IAN 🛣	MEDICAL STAF		22c. DATE 11-2	SIGNED 23-84
PORTAL	Robert W.			Cheste:	rtov	wn, Md.			
3	230 BURIAL, CREMATION, REMOVA BUTIAL	11/25/84		METERY OR CREMAT		23d. LOCATION Cheste:	rtown,	Md.	STATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dis should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

BP.

etoined by the hospital or attending physician

TO HOSPITAL

Chestertown

NOV 27 1091

